

L210 0010 3128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

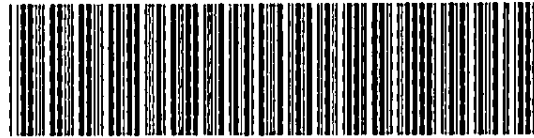
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000353952270

01/08/21--01004--001 \*\*51.25

10/05/20--01004--001 \*\*79.75

FILED  
21 FEB 12 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ans 51.25

D O'KEEFE  
MAR 12 2021

W2-12808



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2021

ANGELAL C. WHITLOCK  
1238 W. 27TH STREET  
JACKSONVILLE, FL 32209

2ND CORRECTION LETTER

SUBJECT: WHITLOCK PROPERTIES LLC  
Ref. Number: W20000128086

We have received your document for WHITLOCK PROPERTIES LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked section in the Articles of Organization. The required signature of an authorized representative is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 520A00022232

2021 FEB 12 AM 11:57

FILED  
21 FEB 12 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: WHITLOCK Properties LLC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Angela @ Whitlock  
Name (Printed or typed)  
1238 W. 27<sup>th</sup> Street  
Address  
Jacksonville, Florida 32209  
City, State & Zip  
929-816-2378  
Daytime Telephone number  
WhitlockProperties@gmail.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

FILED  
21 FEB 12 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHITLOCK PROPERTIES L.L.C.

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1238 W. 27<sup>th</sup> Street  
Jacksonville, FL 32209

Mailing Address:

1238 W. 27<sup>th</sup> Street  
Jacksonville, FL 32209

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Barbara WHITLOCK  
Name

1238 W. 27<sup>th</sup> Street

Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32209

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

Barbara A Whitlock  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
21 FEB 12 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Authorized Manager

ANGELA C. WHITLOCK  
1238 W. 27TH STREET  
JACKSONVILLE, FL 32209

Manager

Horace L. WHITLOCK  
6025 OAK BEND CT.  
RIVERDALE, GA 30296

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-1-21 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE

Angela C. Whitlock X

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ANGELA C. WHITLOCK

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)